



DOCKET FILE COPY ORIGINAL Received & Inspected
OCT 31 2013
FCC Mail Room

October 30, 2013

Re: WC Docket No. 10-90, WC Docket No. 11-42, FCC Form 481 – Carrier Annual Reporting, for New Hope Telephone Cooperative

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th St., SW
Washington, D.C. 20554

Dear Secretary:

New Hope Telephone Cooperative submits this FCC Form 481 – Carrier Annual Reporting in accordance with FCC Rules 54.313 and 54.222. There are two copies of a Redacted – For Public Inspection version. In addition there is one copy with financial information marked as confidential information in accordance with a November 16, 2012 Protective Order, DA12-1857. A Redacted – For Public Inspection version is also being filed electronically via ECFS.

If there are any questions, I can be reached at 540-363-4182.

Sincerely,

Timothy M. Harris
General Manager

Attachments

cc: Charles Tyler, Telecommunications Access Policy Division (Two Confidential Copies)

No. of Copies rec'd
List ABCDE

0+1

Form 482 Carrier Annual Reporting Collection Form	FCC Form 482 OMS Control No. 2000-0856/OMS Control No. 2000-0856 July 2013
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<010> Study Area Code	190239
<015> Study Area Name	NEW HOPE TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Timothy M. Harris
<035> Contact Telephone Number: Number of the person identified in data line <030>	540-363-4182
<039> Contact Email Address: Email of the person identified in data line <030>	timharris@newhopetel.com

Received & inspected
 OCT 9 1 2013
 FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54-313 Completion Required	54-422 Completion Required
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<100> Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	(check box when complete)
<200> Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		
<420> Mobile 0.0		
<430> Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 190239va510 (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 190239va610 (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

July 2013

1/1/2013	
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[illegible]

(V) Broadband Rate Offerings
 Data Collection Form
 Form 481
 Form No. 3850-085-0011 Control No. 3850-085-0011
 Date: 10/14/2013

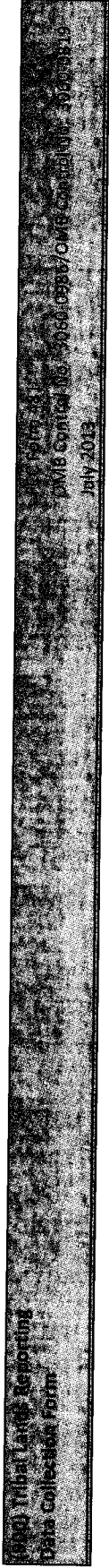
<010> Study Area Code 190239
 <015> Study Area Name NEW HOPE TEL COOP
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Timothy M. Harris
 <035> Contact Telephone Number - Number of person identified in data line <030> 540-363-4182
 <039> Contact Email Address - Email Address of person identified in data line <030> timharris@newhopetel.com

<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
				</				

July 2019

190239

813>	91>	92>	93>
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<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
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<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FEC Form 313
OMB Control No. 3060-0186 / OMB Section No. 3060-0819
July 2013

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

1200 Terms and Conditions for Lifeline Customers
 Data Collection Form
 EC-2008-0011
 OMB Control No. 3060-0064 OMB Control No. 3087-0019
 July 2013

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	190239val210
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2010) Price Cap Carrier Reporting Documentation
 Data Collection Form
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

Study Area Code: 190239
 Study Area Name: NEW HOPE TEL COOP
 Program Year: 2014
 Contact Name - Person USAC should contact regarding this data: Timothy M. Harris
 Contact Telephone Number - Number of person identified in data line <030>: 540-363-4182
 Contact Email Address - Email Address of person identified in data line <030>: timharris@newhopetel.com

<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>
	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information



<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
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<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3013)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3014)	If the response is no on line 3014, Is your company audited?		<input type="checkbox"/>
(3015)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3016)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3018)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3019)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3020)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3021)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3022)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3023)	Attach the worksheet listing required information		<input type="checkbox"/>
(3024)			<input type="checkbox"/>
(3025)			<input type="checkbox"/>
(3026)			<input type="checkbox"/>

190239va3026

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0050/OMB Control No. 3060-0050 July 2013
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<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NEW HOPE TEL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Timothy Harris
Title or position of Authorized Officer:	Executive Vice President
Telephone number of Authorized Officer:	540-363-4182
Study Area Code of Reporting Carrier:	190239
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<p>FCC Form 487 OMB Control No. 3045-0046 July 2013</p>	
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<010>	Study Area Code	190239
<015>	Study Area Name	NEW HOPE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Timothy M. Harris
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-363-4182
<039>	Contact Email Address - Email Address of person identified in data line <030>	timharris@newhopetel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

Attachments

10/14/2013



October 10, 2013

Form 481 – Line (310) Detail on Attempts (Voice)

New Hope Telephone Cooperative had no Unfulfilled Service Requests in 2012, thus, there are no Attempts Details to report.

Timothy M. Harris
Executive Vice President/General Manager

October 10, 2013

Form 481 – Line (510) Service Quality Standards & Consumer Protection Rules Compliance

Service Quality

New Hope Telephone Cooperative employs several resources and tools to ensure a high service quality for its customer base.

Proactive Line and Trunk Monitoring

Switch reporting capabilities allow us to create procedures to indicate possible troubles on customer lines and trunk groups. Action can then be taken to correct troubles before a customer ever realizes a problem.

Trouble Reporting

Trouble reporting is handled with a “live” Customer Service Representative. In the event all Customer Service Representatives are busy callers are allowed to leave a message and will be contacted as soon as a representative becomes available.

After-Hours Support

When customers contact the company outside of normal business hours they are presented with options to leave a message that will be handled during regular business hours or to speak with an employee that is on-call. When speaking with an employee on-call the customer can request their issue be treated as essential and handled immediately.

Response Times

Trouble and service related issues are dispatched to technicians immediately after receiving them. We have a very aggressive target completion time of four hours. Average completion time (from initial report to repair completion) in year 2012 was 3.1 hours.

Installation

The State Corporation Commission in Virginia requires installations to be completed within five business days. In 2012 we had zero installations that weren't completed within five business days.

Repeat Trouble Reports

The State Corporation Commission in Virginia requires that repeat trouble reports be 16% or below. Our target percentage is 10% or below. In 2012 our repeat trouble report rate was 5.8%.

Form 481 – Line (510) Service Quality Standards and Consumer Protection Compliance (continued)
October 10, 2013

Page 2

Outside Plant Troubles

The State Corporation Commission in Virginia requires that outside plant related troubles be 3% or below. Our target percentage is 2% or below. In 2012 our outside plant trouble rate was 0.8%.

Payment Assistance

In the event a customer becomes delinquent on their bill payment arrangements can be made on an individual case basis in order that they may keep their service active. Determinations will be based on amount owed, payment history, amount the customer is able to pay and length of time for the arrangement. As long as the customer honors their commitment, their service remains active.

Consumer Protection

New Hope Telephone Cooperative is committed to maintaining subscriber privacy. In addition to protecting personal information the company is obligated to give additional protections to certain information about how subscribers use their services. In considering this New Hope Telephone Cooperative follows all requirements the FCC has mandated concerning Customer Proprietary Network Information (CPNI).

New Hope Telephone Cooperative also employs an Identity Theft Prevention Program to ensure no information pertaining to our customers is compromised.

Proper photo identification and passwords are required for customers to access information or inquire about their services.

At least once annually all employees are required to attend classes that confirm the employee's knowledge of Privacy, CPNI and Identity Theft Prevention procedures.

Timothy M. Harris
Executive Vice President/General Manager



October 10, 2013

Form 481 – Line (610) Functionality in Emergency Situations

Backup and Emergency Power

New Hope Telephone Cooperative has one main Central Office, zero Remote Offices and several small, environmentally hardened, circuit equipment locations.

The Central Office has a permanently mounted, propane-powered backup generator in place for times of commercial power outages. The Central Office is also equipped with battery backup power that will last eight hours before needing to be recharged.

All small remote circuit equipment locations have battery backup power that lasts eight hours before needing to be recharged. Each location is also provisioned for connection to gasoline supplied portable generators. Several portable gasoline-powered generators are stored and maintained at the central office which is located within 30 minutes of all remote locations.

Network Facilities

New Hope Telephone Cooperative connects to the Verizon tandem switch in Staunton, VA. Primary and backup fiber facilities are used for connections to the Verizon tandem. Switchover to backup facilities is automatic.

Primary and backup fiber facilities are also used for connection to Lumos Networks for direct trunking to their exchanges. Switchovers to backup facilities are automatic for these facilities as well.

Traffic Spikes

New Hope Telephone Cooperative's switch is equipped with the Line Load Control feature. It is administered manually. Line load control is used to temporarily limit originating service to non-essential lines during a disaster or other emergency situation. There are three classes to Line Load Control: 1) Class A – Essential Lines, 2) Class B – Semi-essential Lines, and 3) Class C – Non-essential lines.

Timothy M. Harris
Executive Vice President/General Manager



Application for Lifeline Telephone Service

Lifeline Service

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers (either landline or wireless).
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back completely. You must indicate your service address (cannot be a P.O. Box) as well as your billing address (if not the same as your service address), the last four digits of your Social Security Number (SSN) and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: WE WILL NOT RETURN ANY DOCUMENTATION. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPHA proof only) or utility bill (applicable for LIHEAP proof only).

Program Eligibility

Eligible Programs	
Medicaid	Federal Public Housing Assistance/Section 8 (FPHA)
Food Stamps (Supplemental Nutrition Assistance Program (SNAP))	Low-Income Home Energy Assistance Program (LIHEAP)
Temporary Assistance for Needy Families (TANF)	National School Lunch - Free Lunch Program
Supplemental Security Income (SSI)	

Income Eligibility

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 15,512
2 people	\$ 20,939
3 people	\$ 26,366
4 people	\$ 31,793
5 people	\$ 37,220
For each additional person, add \$5,427	

Documentation needed to qualify for Lifeline through income is noted on next page. Income must be provided for entire household.

Charges and Credit

Customers eligible for Lifeline assistance receive a credit of \$10.38 on their monthly bill. You are still responsible for charges on your line. See page 3 for an explanation of charges.

For Company use only:

Date Verified: _____ Initials: _____ Qualifiers Name: _____
 Type of document for program eligibility: _____
 Type of document for income eligibility: _____ Total Gross Income: _____



Application for Lifeline Telephone Service

When completed, mail or fax form to:
New Hope Telephone Cooperative
P.O. Box 66
New Hope, VA 24469
Fax: (540)363-8277

Applicants Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Billing Address _____
 City _____ State _____ Zip Code _____
 Telephone Number _____ Applicants SSN (last 4 digits) _____ Date of Birth _____

Please choose 1 OR 2

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPHA proof only), or utility bill (applicable for LIHEAP proof only).

NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Food Stamps (Supplemental Nutrition Assistance Program – SNAP) | <input type="checkbox"/> Low Income Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> National School Lunch - Free Lunch Program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | |

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (**required**): _____.

I am providing a photocopy of the following qualifying documents to demonstrate income for my entire household:

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Retirement / pension statement of benefits |
| <input type="checkbox"/> Current income statement from an employer | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Other official document containing income information |
| <input type="checkbox"/> Divorce decree | |

I certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address, I will provide that new address to New Hope Telephone Cooperative within 30 days.
- If my address listed above is a temporary address, I understand that I must verify my temporary address with New Hope Telephone Cooperative every 90 days. If I fail to respond to New Hope Telephone Cooperative's address verification attempts within 30 days, my Lifeline benefits may be terminated.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in this certification form is true and correct to the best of my knowledge.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize New Hope Telephone Cooperative to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicants Signature _____ Date _____



Application for Lifeline Telephone Service

Monthly Charges

The following tables show charges you are responsible for paying on your monthly bill.

Local Service

Description	Charge
Private Residence ^{SX-FX}	\$12.50
Mileage Zone ^{SX-FX}	Zone 0: No charge Zone 1: \$0.75 Zone 2: \$1.50 (Based upon your location in our serving area)
Interstate Access Charge ^{SX-FX}	\$6.50
Access Recovery Charge ^{FX}	\$1.00
E-911 Tax	\$0.75
Public Rights-Of-Way Fee	\$0.97
State Tax	5% of monthly taxable items
Federal Tax	1% of monthly taxable items
^{SX} = State Taxable ^{FX} = Federal Taxable	

Calling Plans (To Waynesboro Exchanges)

Description	Monthly Recurring Charge	Per Minute Charge
Economy Plan ^{SX-FX}	None	\$0.10
Value Plan ^{SX-FX}	\$2.30	\$0.05
Premium Plan ^{SX-FX}	\$14.80	None

Regional Toll (New Hope Telephone Cooperative as INTRA-Lata Carrier) ^{SX-FX}

Based on mileage from New Hope Telephone Cooperative central office, time of day and day of week.

Miles	Initial Minute			Additional Minutes		
	Period 1	Period 2	Period 3	Period 1	Period 2	Period 3
8	\$ 0.21	\$ 0.13	\$ 0.08	\$ 0.12	\$ 0.07	\$ 0.05
13	0.25	0.15	0.10	0.14	0.08	0.06
18	0.30	0.18	0.12	0.19	0.11	0.08
23	0.34	0.20	0.14	0.20	0.12	0.08
38	0.37	0.22	0.15	0.22	0.13	0.09
48	0.46	0.28	0.18	0.29	0.17	0.12
58	0.48	0.29	0.19	0.31	0.19	0.12
78	0.50	0.30	0.20	0.32	0.19	0.13
118	0.51	0.31	0.20	0.33	0.20	0.13
194	0.52	0.31	0.21	0.37	0.22	0.15
9999	0.54	0.32	0.22	0.39	0.23	0.16

Time Schedule

Period 1	7:00:00 AM – 6:59:59 PM, Monday through Friday
Period 2	7:00:00 PM – 6:59:59 AM, Monday through Friday
Period 3	7:00:00 AM – 7:00:00 AM, Saturday, Sunday and Holidays
Holidays: New Years Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.	

INTER-Lata Toll ^{SX-FX}

You will need to consult with your INTER-Lata toll provider for their charges.

^{SX} = State Taxable, ^{FX} = Federal Taxable

NEW HOPE TELEPHONE COOPERATIVE

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**INDEPENDENT ACCOUNTANT'S REVIEW REPORT
ON THE FINANCIAL STATEMENTS**

To the Board of Directors
New Hope Telephone Cooperative
New Hope, Virginia

We have reviewed the accompanying balance sheets of New Hope Telephone Cooperative (the Cooperative), as of October 31, 2012 and 2011, and the related statements of income, members' equity, and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

PB Mares, LLP

Harrisonburg, Virginia
January 25, 2013

NEW HOPE TELEPHONE COOPERATIVE

BALANCE SHEETS

October 31, 2012 and 2011

See Independent Accountant's Review Report

ASSETS	2012	2011
Current Assets		
Cash		
Trade receivables, net		
Inventories		
Prepaid expenses		
Income taxes receivable		
Total current assets		
Investments		
Marketable securities		
VITAL partnership		
Deferred Income Taxes		
Property, Plant and Equipment		
Land		
Buildings		
Switching equipment		
Poles and cable		
Circuit equipment		
Other work equipment		
Automotive equipment		
Station equipment		
Office equipment		
Non-regulated equipment		
Construction in process		
Less accumulated depreciation		

See Notes to Financial Statements.

LIABILITIES AND MEMBERS' EQUITY

2012

2011

Current Liabilities

Accounts payable

Income taxes payable

Deposits

Accrued expenses

Total current liabilities

Long-Term Liabilities

Virginia PCS Alliance, L.C.

Total liabilities

Members' Equity

Certificates of membership, redeemable at \$5 per certificate; 714 and 800 certificates issued and outstanding at October 31, 2012 and 2011, respectively

Accumulated earnings

Other comprehensive income (loss)